



APPLICATION FOR PUBLIC TRANSIT FARE BENEFIT

PRIVACY ACT STATEMENT: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be provided to the Department of Transportation to administer this program and to ensure that you are not listed as a carpool participant or a holder of any other form of vehicle worksite parking permit with VA or any other Federal agency.

NOTE: Items 1 through 11 should be completed in full before submitting to your designated transit manager.

1. NAME OF APPLICANT (Last, First, Middle Initial)		2. FULL DUTY STATION ADDRESS (Street, City, State, Zip Code)		
3. ORGANIZATION ROUTING SYMBOL (Must be one of 17 codes listed below)	4. DUTY STATION NO. (See E&L Statement for correct code)	5. EMPLOYEE SOCIAL SECURITY NUMBER	6. TYPE OF BENEFIT (Check one) <input type="checkbox"/> DIRECT SUBSIDY (National Capital Region Only) <input type="checkbox"/> FIELD SUBSIDY (All except National Capital Region)	7. ACTION REQUESTED (Check one) <input type="checkbox"/> ADD (New) <input type="checkbox"/> CHANGE (Circle Item No. containing) <input type="checkbox"/> WITHDRAW
8A. MODE(S) OF TRANSPORTATION TO BE USED TO AND FROM <input type="checkbox"/> BUS <input type="checkbox"/> FERRY <input type="checkbox"/> OTHER (Specify below) <input type="checkbox"/> LIGHT RAIL <input type="checkbox"/> AUTHORIZED VANPOOL <input type="checkbox"/> SUBWAY <input type="checkbox"/> TRAIN		ITEMS 8B, 8C, AND 8D, ARE FOR FIELD SUBSIDY ONLY		
		8B. NAME OF TRANSIT AUTHORITY/COMPANY	8C. ZONE(S) (If applicable)	8D. WHAT TYPE OF MEDIA FARE DO YOU REQUIRE (Tokens, vouchers, monthly pass)
9. SMARTRIP IDENTIFICATION NO. (National Capital Region only - if applicable)				

EMPLOYEE CERTIFICATION

WARNING: This certification concerns a matter with the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including removal from Federal Service.

I certify that I am employed by the Department of Veterans Affairs and am not named on a Federally subsidized workplace parking permit with VA or any other Federal agency.

I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work, and will not transfer it to anyone else.

I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.

I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transit exceed the monthly statutory limit, then I will supplement those additional costs with my own funds.

I certify that my usual monthly public transit commuting costs are \$ _____ (rounded to the nearest dollar).

10. OFFICE TELEPHONE NO.	11A. SIGNATURE OF EMPLOYEE	11B. DATE
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VERIFICATION - TRANSIT MANAGER

12. NAME OF TRANSIT MANAGER	13. LOCATION
14. SIGNATURE OF TRANSIT MANAGER	15. DATE

FOR PAYROLL OFFICE USE ONLY

16. PAID INPUT COMPLETED	17. DATE
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ORGANIZATION CODES

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| (00) Office of the Secretary | (005) Assistant Secretary for Information & Technology |
| (10M) Veterans Health Administration - Medical Care Funds | (006) Assistant Secretary for Human Resources & Administration |
| (10R) Veterans Health Administration - Research | (008) Assistant Secretary for Policy & Planning |
| (10E) Veterans Health Administration - MAMOE Funds | (009) Assistant Secretary for Congressional Affairs |
| (10C) Veterans Health Administration - Canteen Service | (02) General Counsel |
| (20) Veterans Benefits Administration | (50) Inspector General |
| (40) National Cemetery Administration | (01) Board of Veterans' Appeals |
| (002) Assistant Secretary for Public & Intergovernmental Affairs | (09) Board of Contract Appeals |
| (004) Assistant Secretary for Management | |